

CLAIMS ONLY				Application Number <div style="font-size: 1.5em; font-family: cursive;">10826165</div>		Filing Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
				Applicant(s)			
				* May be used for additional claims or amendments			

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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50						
Total Indep						
Total Depend						
Total Claims						

CLAIMS	Indep	Depend
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Total Indep		
Total Depend		
Total Claims		

CLAIMS	Indep	Depend
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Filing Date

Applicant(s)	
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